



1001637

I understand that I am voluntarily providing samples of my blood and urine for the purpose of laboratory testing to determine the presence of cyanide and other chemicals possibly related to tear gas exposure. These samples will be collected by the Casper-Natrona County Health Department and will be delivered to a laboratory facility for analysis. After analysis and appropriate laboratory quality assurance all biological samples will be destroyed. All individual sample results will be kept in confidence by the Health Department and released only to you and/or those designated by you. General aspects of the sampling program and results summaries (excluding any personal information) may be discussed publically by the Health Department.

Please answer the following questions to help us interpret analytical findings*:

	Yes	No
1) Are you presently a smoker?	_____	_____
2) Do you presently live with someone who smokes?	_____	_____
3) Have you recently consumed any of the following foods?		
Lima beans	_____	_____
Almonds	_____	_____
Vitamin B12	_____	_____
4) Do you presently work in any of the following jobs?		
Metal Plating	_____	_____
Welding	_____	_____
Refining	_____	_____
Auto Repair	_____	_____
Brake shop	_____	_____

*Certain items may interfere with chemical analysis for cyanide.

**CITY OF CASPER-NATRONA COUNTY HEALTH DEPARTMENT
ALL INFORMATION IS CONFIDENTIAL. PLEASE PRINT.**

NAME: LAST FIRST MI BIRTHDATE MARITAL STATUS SEX RACE

MAILING ADDRESS PHYSICIAN EMPLOYER

CITY STATE ZIP HOME PHONE WORK PHONE

SOCIAL SECURITY #

HOW MAY WE CONTACT YOU? CALL HOME ☐ YES ☐ NO CALL WORK ☐ YES ☐ NO

CAN WE LEAVE A MESSAGE? ☐ YES ☐ NO

MAY WE CONTACT YOU AT THE ABOVE ADDRESS OR PHONE NUMBERS? ☐ YES ☐ NO

IF "NO" PLEASE GIVE ADDRESS OR PHONE # WHERE WE MAY CONTACT YOU?

HAVE YOU EVER BEEN A CLIENT IN THIS CLINIC? ☐ NO ☐ YES

DO YOU HAVE ANY HEALTH INSURANCE? ☐ NO ☐ YES

Natrona County Public Health Department is committed to providing medical care regardless of financial constraints. If financial costs are of concern to you your fees can be adjusted according to your income. Would you like to discuss financial arrangements. YES ☐ NO ☐

CONSENT FOR PROCEDURES AND TREATMENT

In consideration for services to be rendered to me by the City of Casper-Natrona County Health Department and its staff, I hereby apply for and consent to such procedures and treatment as the Physician of the City of Casper-Natrona County Health Department prescribes, and consent to the release of disease reporting information as required under Statute Law. (Client must sign at each visit.)

CONSENT SIGNATURE WITNESS DATE

Is name and address above current? ☐ Yes ☐ No If "No", please correct.

Would you like a copy of your record sent to your physician? ☐ Yes ☐ No

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Is name and address above current? ☐ Yes ☐ No If "No", please correct.

Would you like a copy of your record sent to your physician? ☐ Yes ☐ No

CONSENT SIGNATURE WITNESS DATE

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CONSENT SIGNATURE WITNESS DATE

Is name and address above current? ☐ Yes ☐ No If "No", please correct.

Would you like a copy of your record sent to your physician? ☐ Yes ☐ No

DRAFT-----INFORMED CONSENT-----August 1, 2001

TO: CHRIS WEIS:

Here's a brief idea on what we might add in the space currently occupied by the multiple signature lines....PLEASE feel free to edit:

THANKS-----Bob Harrington.

I understand that I am voluntarily providing samples of ~~my~~ blood and urine for the purpose of laboratory testing to determine the presence of ~~certain chemicals~~. These samples will be collected by the Casper-Natrona County Health Department, and will be delivered to a laboratory facility ~~contracted by the United States Environmental Protection Agency~~. *Cyanide & other chemicals related to possible tear gas exposure*

I understand that these test results may be confounded by certain background factors, including, but not limited to:

	YES	NO
* Tobacco smoke, either directly inhaled or second-hand;	_____	_____
* Consumption of Green, Leafy Vegetables; OR	_____	_____
* Other exposures to Cyanide compounds <i>for analysis,</i>	_____	_____

I have indicated by a check mark above if I am subject to these background factors. (If "YES", please describe)

END

Again, Chris, please feel free to edit, amend, junk it, whatever....
Thanks again...Bob Harrington

* <u>Tobacco smoke:</u>	✓	N
Do you smoke tobacco?	—	—
Do individuals who live with your smoke tobacco?	—	—

* Foods:

Have you recently consumed

lima beans?	—	—
Almonds ?	—	—
Vitamins B12		

* Occupational Exposures
Metal Plating
Refining

Automobile
Garage